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K-38870 DEED OF RECONVEYANCE

Vol.<u>m9/</u> Page <u>4694</u>

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| | DEED OF | KECONVEYANCE VUI | 9/ Page 4694 @ |
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| KNOW ALL ME | N AV TUROD | 그 원급 얼굴은 그리다면 그리지 않는다. | |
| certain trust deed dated | February 17 | That the undersigned trustee of | |
| Tyrholm Properties | Tno | That the undersigned trustee of 19.87, executed and delivered as grantor and recorded on | r successor trustee under that |
| in the Mortgage Records | -f | as grantor and recorded an | Ech- |
| page2513 | Klamath | as grantor and recorded on | rebruary 1/,, 19.87 |
| conveying real property | or as document/fee/file/instr | rument/microfilm No | volume NoM87 at |
| g m. property si | or as document/fee/file/instr tuated in said county describ | ed as follows: | ······ (indicate which). |
| | A trace of t | | • |

A tract of land situated in the Nelsut of Sec. 1, Twp. 39 South, Range 9 East of the Williamette Meridian, Klamath County, Oregon, being a portion of the third as described in Deed Vol. 160 page 149, Deed Vol. 248, page 193, and described as follows:

Beginning at a 5/8 inch iron pin on the Morth line of the Nelsut of said pin marking the Morth line of the Nelsut of said pin marking the Morth line of the Nelsut of said Section 1, and point being N. 87*55'21" E. 240.30 feet from the 5/8 inch iron 187*55'21" E. along the Morth line of the Nelsut of said Section 1; thence N. to a 5/8 inch iron pin; thence S. 02'04'19" E. at right angles to the Morth of the Nelsut of the Nelsut of the Nelsut of way line of the Nelsut of way line of the State Highway as described in said Deed Vold. 358page 00'06' 12" W. from the point of beginning; thence N. 00'06'12" E. to a 5/8 inch iron bears S. 00'06' 12" W. from the point of beginning; thence N. 00'06'12" E. to a 5/8 inch iron beginning, containing N. 00'06'12" E. 240.53 feet to the point of beginning, containing 2.20 acres, more or loss.

beginning, containing 2.20 acres, more or less.

ALSO a tract of land aituated in the Selimi and the Melsui of Section 1.

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ALSO a tract of land aituated in the Selimi and the Melsui of Section 1.

ALSO a tract of land aituated in the Melsui of Section 1.

County, Oregon, more particularly described as follows:

Beginning at a 5/8 inch pln on the Morth line of the Nelsui of Section 1.

Section 1, said point begin N. 87*55*21" E. 240.30 feet from a 5/8 inch iron pln market the Morth used the Melsui of said Section 1; thence N. 67*55*21" E. along the Morth line of the Nelsui of said Section 1; 1.09.00 feet line of the Nelsui of said Section 1, 474.66 feet to a 5/8 inch iron pln in the County bed Mecordu; thence continuing S. 02*04*39" E. to the Mortherly Klamath County bed Mecordu; thence N. 02*06*39" E. along a north-south secordu; thence N. 02*06*39" E. along a north-south secordu; thence N. 02*06*39" E. along a north-south secordus in secordus the South line of Slamars Avenue; thence S. 03*09*53" W. along the South line of Slamars Avenue.

Point of beginning, containing 0.25 acres, more or less.

having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said trust deed has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said trust deed.

In construing this instrument and whenever the context hereof so requires, the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a

| | Directors. | | cuted this instrument; if the undersigned is an officer or other person duly authorized |
|--|--|---|---|
| DATED: Ma | rch 14, 91 | | |
| | , 19 | I | KLAMATH COUNTY TITLE COMPANY |
| | | and the second second | |
| | | I | By: 0 SCO Company |
| | | | Président |
| | | *************************************** | riesident |
| | STATE OF OREGON, Coun. This instrument was as | 4 | Trustee |
| | This instrument was | y orKla | math)ss. |
| | by | knowledged before | math) ss. e me on, 19, |
| | This instrument | | e me on, 19 |
| | | | |
| The state of the s | as | SVeatch | e me on |
| | of Pres | Sident | *************************************** |
| TOURIS TO | Klar | athCountyTi | tle Company. |
| | | / | / / X |
| NOTARY PUBLIC | - ONEGON I | · · · · · · · · · · · · · · · · · · · | |
| 1 | | | Muar Lung |
| My Commission France. | Chapteries Labour Pour | | Drudie Duront |
| Му Ортинаціон Будова. | managa den 112 managan dan 122 | My commissio | Notary Public for Oregon expires 9/30/93 |
| GRANTOR'S I GRANTEE'S N Trecording return to: Tyrholm Big R. 6225 South 6th S Klamath Falls, 0 | NAME AND ADDRESS L. R. 97.601 | My commissio SPACE RESERVED FOR RECORDER'S USE | STATE OF OREGON, County of Klamath ss. I certify that the within instrument was received for record on the 14th day of March 1991, at 3:35 o'clock P.M., and recorded in book/reel/volume No. M91 on page 4694 or as tee/file/instrument/microfilm/reception No. 26992, Record of Mortgages of said County. Witness my hand and county. |
| GRANTOR'S I GRANTEE'S N recording return to: Tyrholm Big R. 6225 South 6th S Klamath Falls, 0 | NAME AND ADDRESS | SPACE RESERVED FOR | STATE OF OREGON, County of Klamath ssreening for record on the 14th day of March 1991, at 3:35 o'clock P.M., and recorded in book/reel/volume No. M91 on page 4694 or as fee/file/instrument/microfilm/recention No. 26002 |

| | 1. DECEDENT'S FUSI NAME Elizabeth | 79208 | Middle A. | 8.1 × 1 | Lasi CY A DE | | 2. SEX | | DEATH (Month, Day, Year) | |
|--|---|---|---|--------------------------|------------------|---|-------------------------------|------------------|--|--|
| | 4. SOCIAL SECURITY NUMBER 50. AC | E · Last Birthda | 5b. Under 1 Ye. | | SLADE | & BIRTHPLACE (CI | y and State or Foreig | May 31 | , 1990 BIRTH (Monin, Day, Year) | |
| | 8. WAS DECEDENT EVER IN | 00 | I Days | Hours | Mina. | Portland | Oregon | April 1 | 6, 1930 | |
| DECEDENT | Yes Disto | Ľ [X _{inpatient} | ER/Outpatier | 1 DOA | OTHER: | ursing home | Decedent's Home | [] Other (Spee) | | |
| 1 | Merle West Medic | al Cente | | | 96. 6117, | own, or Locati | ON OF DEATH | 9 | d. COUNTY OF DEATH | |
| 2 | 10a. DECEDENT'S USUAL OCCUPATION (fine kind of work done during most of working the Do not use retired.) Credit Manager & Owner Petroleum Distribu 13a. RESIDENCE - STATE 13b. COUNTY 13c. CITY, TOWN, OR LOCATION | | | | 11 MARIT | AL STATUS . Marro | 4. 12. SPOUSE (| Klamath | | |
| 3 | | | | tributos | Divorce | Married, Widowed. d (Specify) rried | | | | |
| 4 | | | | ATION | | ET AND NUMBER | Rod SI | ade | | |
| 5 | Uregon Kla | (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican and I AND Clave | | | 1412 | | Wild Plum | | Tese Control | |
| 6 | | | | | uban, Yes | 5. RACE American Black, White, et | c. (Specify) (Sc | ecily only highe | 'S EDUCATION st grade completed) | |
| PARENTS | XYes No 97601 | Specia | 18. MOTHER - NA | A compa | middle | White | | | 0-12) College (1-4 or 5+) | |
| | Hal - Hillman | | -Aman | la | Herrin | 2 | - Rod S | NAME and rel | usband | |
| DISPOSITION | ☐ Burlal (X Crumation ☐ Remova | | 20b. PLACE OF D | ISPOSITION | (Nume of cen | of cemelery, crematury, or 20c LOCATION - City or Town, State | | | | |
| 7 | Donation C Other (Specify) | | l a sa s | | 11,754 | | | | Ore gon | |
| 8 | 21a. SIGNATURE OF FUNERAL SERVI PERSON ACTING AS SUCH | CE LICENSEE (| υ Η 2 | 1b. LICENSE (Of Licen | NUMBER 2 see) | 2. NAME, ADDRE O'Hair's | ss and zip of fa Funeral (| Chapel | Inc | |
| | 2 Versil | S. | 0 | 3329 | | 5l5 Pin | e Street, | Klamath | Falls, OR | |
| REGISTRAR | 23. DATE FILED (Month, Day, Year) MAY 3 1 199 | | | | | 4. REGISTRAR'S S | . / | , | | |
| 6 | 25. DID HOSPITAL REPRESENTATIVE | MAKE REQUE | ST FOR ANATOMI | CAL GIFT CO | NSENT? | 7) ONCI WAS GIFT IN | Kenneo | y | | |
| ر ر ق 10 ا | YES CYNO N/A | | | 200 | | | AIN [] ON | | <u>riginal yang ber</u> | |
| 0 10 | TO BE COMPLETE | D BY CERTIFYI | NG PHYSICIAN | | | | OMPLETED ONLY | | ************************************** | |
| Si 11 | 8:05 A I | | MINER NOTIFIED? | | 314 | TIME OF DEATH | 316. DATE PROM | OUNCED DEAD | AMINER (Month, Day, Year, Hour) | |
| FALL | 29. To the best of my knowledge, deadue to the cueso(s) and manner st | th occurred at I | lije time, date, plac | e and | — J | On the basis of ex- | M amination and/or in- | setia-tion I- | м | |
| | (Signature) | | | М | D. | at the time, date, (Signature) | place and due to th | e Cause(s) and n | opinion death occurred namer stated. | |
| L 12 | 50 DATE SIGNED Month, Day, Year) | 4 | | | | DATE SIGNED (Mor | ith. Day. Years | | CONTRACTOR | |
| KLAMA TH | May 31, 1990 | E CERTICIES. | JEDIOAL POATE | | Ret. | | | | COUNTY | |
| 14 | 34. NAME, III LE, ADDRESS AND ZIP OF CERTIFIERIMEDICAL EXAMINER (1/pp of Final) Arthur G. Freeland 1905 Main Street Klamath Falls, Oregon 97601 | | | | | | | | | |
| CONDITIONS | 35. NAME OF ATTENDING PHYSICIAN | IF OTHER THA | N CERTIFIER (Typ | or Print) | | | | | | |
| CONDITIONS IF ANY WHICH GIVE PISE TO MISE TO M | 36. IMMEDIATE CAN E JENTER ONLY O | NE CAUSE PER | LINE FOR (a), (b), A | ND (c)) Do n | ot enter mode | ol dying, e.g. Cardia | C OF Respiratory Arr | est. | Interval Detween Onset | |
| CAUSE | DUE TO, OH AS A CONSEQUENCE | t., | <u> ښار د ۲</u> | | | | | | _5 mu | |
| STATING THE UNDERLYING CAUSE LAST | (b) | | | | | | | | Interval between onset and death | |
| | DUE TO, OR AS A CONSEQUENCE | S 425 6 | | | | | - | - 1/24/17 | Interval between onser and death | |
| CAUSE OF DEATH | PART OTHER SIGNIFICANT CONDITION Conditions contributing to death | NS - but not relater | lo cause diven in | PART | 3 | | e contribute 34 | AUTOPSY 39 II | YES were findings considered | |
| 15 | Smiler | | , , , , , , , , , , , , , , , , , , , | | | to the death? | <u> </u> | , h | deletimining Cause of death? | |
| 16 | 40. MANNER OF DEATH | 1a. DATE OF INJ | URY 41b. TIME O | F 41c. I | | | INJURY OCCURRI | | Yes [] NO [] NIA | |
| 77 16 17 17 17 16 17 16 17 16 17 17 17 17 17 17 17 17 17 17 17 17 17 | X Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined | | | 1.00 | es [] No | | | | | |
| | ☐ Homicide ☐ Legal | e. PLACE OF IN | JURY - At home, fa | 100 | 100 | I. LOCATION (Stre | el and Number or R | ural Route Num | per, City or Town, State) | |
| > | RESERVED FOR REGISTRAR'S USE | | | | | | | | , - Toon, State) | |
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| | | | | | | | | | | |
| OF SUM | THIS IS A TRUE AND EXA | CTREPRO | ACTION OF T | FALST | ATISTIC | SCOPY | | | 452 REV. 189 | |
| | REGISTERED AT THE OF | FICE OF TH | E KLAMATH C | OUNTYR | EGISTRAR | | | 7 | Secretary of the second | |
| STATE OF THE | | | | | | 10)~ | 01 | (0.0. | | |
| | DATE ISSUEDM/ | Y 3 1 | 1000 | | | MON | ra W. V | even | | |
| | | | 1935 | | <u>_</u> | െ റ | COUNTY RE | GISTRAR | | |
| | | | 1 8 | 0 8 | UL | | | | V (3) | |
| | *************************************** | ************* | | | | | | | | |
| TATE OF OR | A Debet State of the Control of the | LAMATI | I: ss | | | | | Tarlandar | | |
| | EGON: COUNTY OF K | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | e aya shirik washe ar sa | | | | | | | |
| iled for record | EGON: COUNTY OF K | Klamat | h County | | | | | the | 14th | |
| iled for record | EGON: COUNTY OF K I at request of March A.D., 19 | Klamat 91at | h County 3:36 | | lock | PM., and | duly recor | theded, in Vo | 14th 1. <u>M91</u> | |
| led for record | EGON: COUNTY OF K I at request of March A.D., 19 of | Klamat 91at | h County | | lock | i Fage <u>469</u> | duly recor | ded in Vo | 14th 1. M91 | |